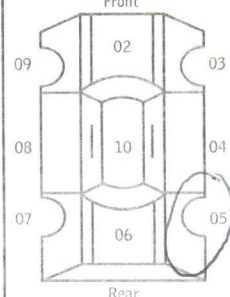




# Traffic Crash Report

|  |  |  |  |  |  |  |  |  |  |   |  |   |  |                                |  |                     |  |
|--|--|--|--|--|--|--|--|--|--|---|--|---|--|--------------------------------|--|---------------------|--|
| Local Information  |  | Local Report Number *<br>14-111  |  | Crash Severity<br>3 1 - Fatal<br>2 - Injury<br>3 - PDO   |  | Hit/Skip<br>1 - Solved<br>2 - Unsolved   |  |  |  |   |  |   |  |                                |  |                     |  |
| Photos Taken<br><input type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P<br><input type="checkbox"/> OH-3 <input type="checkbox"/> Other   |  | PDO Under State Reportable Dollar Amount   |  | Private Property   |  | Reporting Agency NCIC *<br>08303   |  | Reporting Agency Name *<br>Lebanon Police  |  | Number of Units<br>02   |  | Unit in error<br>01 98 - Anima<br>99 - Unknown  |  |                                |  |                     |  |
| County *<br>83   |  | City *<br><input type="checkbox"/> Village *<br><input type="checkbox"/> Township *  |  | City, Village, Township *<br>Lebanon   |  | Crash Date *<br>03/14/2014   |  | Time of Crash<br>1354  |  | Day of Week<br>FRI  |  |   |  |                                |  |                     |  |
| Degrees / Minutes / Seconds<br>Latitude 0 ' " Longitude 0 ' "  |  |  |  | Decimal Degrees<br>Latitude 39.447278 Longitude -84.187824   |  |  |  |  |  |   |  |   |  |                                |  |                     |  |
| Roadway Division<br><input checked="" type="checkbox"/> Divided<br><input type="checkbox"/> Undivided  |  | Divided Lane Direction of Travel<br><input type="checkbox"/> N - Northbound <input type="checkbox"/> E - Eastbound<br><input type="checkbox"/> S - Southbound <input type="checkbox"/> W - Westbound |  | Number of Thru Lanes<br>02   |  | Road Types or Milepost 2<br>AL - Alley CR - Circle HE - Heights MP - Milepost PL - Place ST - Street WA - Way<br>AV - Avenue CT - Court HW - Highway PK - Parkway RD - Road TE - Terrace<br>BL - Boulevard DR - Drive LA - Lane PI - Pike SQ - Square TL - Trail |  |  |  |   |  |   |  |                                |  |                     |  |
| Location Route Type 1  |  | Location Route Number  |  | Loc Prefix N, S, E, W  |  | Location Road Name<br>Columbus   |  | Location Road Type 2<br>AV   |  | Route Types 1<br>IR - Interstate Route (inc. turnpike) CR - Numbered County Route<br>US - US Route TR - Numbered Township Route<br>SR - State Route |  |   |  |                                |  |                     |  |
| Distance From Reference<br><input type="checkbox"/> Miles<br><input type="checkbox"/> Feet<br><input type="checkbox"/> Yards   |  | Dir From Ref<br><input type="checkbox"/> N, S, E, W  |  | Reference Route Type 1   |  | Reference Route Number   |  | Ref Prefix N, S, E, W  |  | Reference Name (Road, Milepost, House #)<br>Monroe  |  | Reference Road Type 2<br>RD   |  |                                |  |                     |  |
| Reference Point Used<br>1 - Intersection<br>2 - Mile Post<br>3 - House Number  |  | Crash Location<br>02   |  | 01 - Not an intersection<br>02 - Four-way Intersection<br>03 - T-Intersection<br>04 - Y-Intersection<br>05 - Traffic Circle/Roundabout |  | 06 - Five-point, or more<br>07 - On Ramp<br>08 - Off Ramp<br>09 - Crossover<br>10 - Driveway/Alley Access  |  | 11 - Railway Grade Crossing<br>12 - Shared-Use Paths or Trails<br>99 - Unknown                   |  | <input checked="" type="checkbox"/> Intersection Related  |  | Location of First Harmful Event<br>1 - On Roadway 5 - On Gore<br>2 - On Shoulder 6 - Outside Trafficway<br>3 - In Median 9 - Unknown<br>4 - On Roadside |  |                                |  |                     |  |
| Road Contour<br>1 - Straight Level<br>2 - Straight Grade<br>3 - Curve Level  |  | 4 - Curve Grade<br>9 - Unknown   |  | Road Conditions<br>Primary 01<br>Secondary   |  | 01 - Dry<br>02 - Wet<br>03 - Snow<br>04 - Ice  |  | 05 - Sand, Mud, Dirt, Oil, Gravel<br>06 - Water (Standing, Moving)<br>07 - Slush<br>08 - Debris* |  | 09 - Rut, Holes, Bumps, Uneven Pavement*<br>10 - Other<br>99 - Unknown  |  | * Secondary Condition Only  |  |                                |  |                     |  |
| Manner of Crash Collision/Impact<br>6  |  | 1 - Not Collision Between<br>2 - Motor Vehicles<br>In Transport  |  | 2 - Rear-End<br>3 - Head-On<br>4 - Rear-to-Rear  |  | 5 - Backing<br>6 - Angle<br>7 - Sideswipe, Same Direction  |  | 8 - Sideswipe, Opposite Direction<br>9 - Unknown   |  | Weather<br>1 - Clear<br>2 - Cloudy<br>3 - Fog, Smog, Smoke  |  | 4 - Rain<br>5 - Sleet, Hail<br>6 - Snow<br>7 - Severe Crosswinds<br>8 - Blowing Sand, Soil, Dirt, Snow<br>9 - Other/Unknown                             |  |                                |  |                     |  |
| Road Surface<br>2  |  | 1 - Concrete<br>2 - Blacktop, Bituminous, Asphalt<br>3 - Brick/Block   |  | 4 - Slag, Gravel, Stone<br>5 - Dirt<br>6 - Other   |  | Light Conditions<br>Primary 1<br>Secondary   |  | 1 - Daylight<br>2 - Dawn<br>3 - Dusk<br>4 - Dark - Lighted Roadway                               |  | 5 - Dark - Roadway Not Lighted<br>6 - Dark - Unknown Roadway Lighting<br>7 - Glare*<br>8 - Other  |  | 9 - Unknown<br>* Secondary Condition Only   |  |                                |  |                     |  |
| Work Zone Related<br><input type="checkbox"/> Workers Present<br><input type="checkbox"/> Law Enforcement Present (Officer/Vehicle)<br><input type="checkbox"/> Law Enforcement Present (Vehicle Only)                 |  | Type of Work Zone<br><input type="checkbox"/> 1 - Lane Closure<br><input type="checkbox"/> 2 - Lane Shift/Crossover<br><input type="checkbox"/> 3 - Work on Shoulder or Median                       |  | 4 - Intermittent or Moving Work<br>5 - Other   |  | Location of Crash in Work Zone<br><input type="checkbox"/> 1 - Before the First Work Zone Warning Sign<br><input type="checkbox"/> 2 - Advance Warning Area<br><input type="checkbox"/> 3 - Transition Area  |  | 4 - Activity Area<br>5 - Termination Area  |  |   |  |   |  |                                |  |                     |  |
| Narrative<br>Unit 1 was northbound on Columbus Ave. Unit 2 was westbound on Monroe Rd. Unit 2 had a green arrow and attempted to turn left on Columbus. Driver of unit 1 stated she ran the red light striking Unit 2. |  |  |  | Diagram<br>  |  |  |  |  |  |   |  |   |  |                                |  |                     |  |
| Report Taken By<br><input type="checkbox"/> Police Agency <input type="checkbox"/> Motorist  |  | <input type="checkbox"/> Supplement (Correction or Addition to an Existing Report Sent to ODPS)  |  | Date Crash Reported<br>03/14/2014  |  | Time Crash Reported<br>1354  |  | Dispatch Time<br>1354  |  | Arrival Time<br>1413  |  | Time Cleared<br>1413  |  | Other Investigation Time<br>10 |  | Total Minutes<br>29 |  |
| Officer's Name *<br>MORRIS   |  |  |  | Officer's Badge Number<br>131  |  |  |  | Checked By<br>JCM-131  |  |   |  | Page of   |  |                                |  |                     |  |



|   |  |   |                             |  |  |   |  |
|---|--|---|-----------------------------|--|--|---|--|
| Unit Number<br><b>011</b>   |  | Owner Name: Last, First, Middle ( <input checked="" type="checkbox"/> Same As Driver )<br><b>Flick, Renee</b> |                             | Owner Phone Number - inc. area code ( <input checked="" type="checkbox"/> Same As Driver ) |  | Damage Scale<br><b>2</b>  | <div style="text-align: center;">Front</div>  <div style="text-align: center;">Rear</div> |
| Owner Address: City, State, Zip ( <input type="checkbox"/> Same As Driver )<br><b>489 LaLuz #216 Lebanon OH</b> |  |   |                             |  |  | 1 - None<br>2 - Minor<br>3 - Functional<br>4 - Disabling<br>9 - Unknown |  |
| LP State<br><b>OH</b>   | License Plate Number<br><b>FXC5902</b> | Vehicle Identification Number<br><b>1JT4GW58S8XC787718</b>  |                             | # Occupants<br><b>01</b>   |  |   |  |
| Vehicle Year<br><b>1999</b>   | Vehicle Make<br><b>Jeep</b>            | Vehicle Model<br><b>SW</b>  | Vehicle Color<br><b>Red</b> |  |  |   |  |
| Proof of Insurance Shown<br><input checked="" type="checkbox"/>   | Insurance Company<br><b>USAA</b>       | Policy Number<br><b>010638219C/71015</b>  |                             | Towed By   |  |   |  |
| Carrier Name, Address, City, State, Zip   |  |   |                             |  |  | Carrier Phone- include area code  |  |

|                                  |   |  |   |
|----------------------------------|---|--|---|
| US DOT                           | Vehicle Weight GVWR/GCWR<br><input type="checkbox"/> 1 - Less Than or Equal to 10k Lbs.<br><input type="checkbox"/> 2 - 10,001 to 26,000 Lbs.<br><input type="checkbox"/> 3 - More Than 26,000 Lbs. | Cargo Body Type<br><b>01</b><br>01 - No Cargo Body Type/Not Applicable<br>02 - Bus/Van (9-15 Seats, Inc Driver)<br>03 - Bus (16+ Seats, Inc Driver)<br>04 - Vehicle Towing Another Vehicle<br>05 - Logging<br>06 - Intermodal Container Chassis<br>07 - Cargo Van/Enclosed Box<br>08 - Grain, Chips, Gravel<br>09 - Pole<br>10 - Cargo Tank<br>11 - Flat Bed<br>12 - Dump<br>13 - Concrete Mixer<br>14 - Auto Transporter<br>15 - Garbage/Refuse<br>99 - Other/Unknown | Trafficway Description<br><b>1</b><br>1 - Two-Way, Not Divided<br>2 - Two-Way, Not Divided, Continuous Left Turn Lane<br>3 - Two-Way, Divided, Unprotected (Painted or Grass - 4 ft.) Median<br>4 - Two-Way, Divided, Positive Median Barrier<br>5 - One-Way Trafficway |
| HM Placard ID No.<br><b>0000</b> | <input type="checkbox"/> Hazardous Material Released  |  | <input type="checkbox"/> Hit / Skip Unit  |
| HM Class Number<br><b>00</b>     |   |  |   |

|  |   |  |
|--|---|--|
| Non-Motorist Location Prior to Impact<br><b>01</b><br>01 - Intersection - Marked Crosswalk<br>02 - Intersection - No Crosswalk<br>03 - Intersection - Other<br>04 - Midblock - Marked Crosswalk<br>05 - Travel Lane - Other Location<br>06 - Bicycle Lane<br>07 - Shoulder/Roadside<br>08 - Sidewalk<br>09 - Median/Crossing Island<br>10 - Driveway Access<br>11 - Shared-Use Path or Trail<br>12 - Non-Trafficway Area<br>99 - Other/Unknown | Type of Use<br><b>1</b><br>1 - Personal<br>2 - Commercial<br>3 - Government<br><input type="checkbox"/> In Emergency Response | Unit Type<br><b>06</b><br>99 - Unknown or Hit / Skip<br>Passenger Vehicles (less than 9 passengers)<br>01 - Sub-Compact<br>02 - Compact<br>03 - Mid Size<br>04 - Full Size<br>05 - Minivan<br>06 - Sport Utility Vehicle<br>07 - Pickup<br>08 - Van<br>09 - Motorcycle<br>10 - Motorized Bicycle<br>11 - Snowmobile/ATV<br>12 - Other Passenger Vehicle<br>Med/Heavy Trucks or Combo Units > 10k lbs<br>13 - Single Unit Truck or Van 2axle, 6 tires<br>14 - Single Unit Truck; 3+ axles<br>15 - Single Unit Truck / Trailer<br>16 - Truck/Tractor (Bobtail)<br>17 - Tractor/Semi-Trailer<br>18 - Tractor/Double<br>19 - Tractor/Triples<br>20 - Other Med/Heavy Vehicle<br>Bus/Van/Limo (9 or More Including Driver)<br>21 - Bus/Van (9-15 Seats, Inc Driver)<br>22 - Bus (16+ Seats, Inc Driver)<br>Non-Motorist<br>23 - Animal with Rider<br>24 - Animal with Buggy, Wagon, Surrey<br>25 - Bicycle/Pedacyclist<br>26 - Pedestrian/Skater<br>27 - Other Non-Motorist |
| <input type="checkbox"/> Has HM Placard  |   |  |

|  |   |   |  |   |  |
|--|---|---|--|---|--|
| Special Function<br><b>01</b><br>01 - None<br>02 - Taxi<br>03 - Rental Truck (Over 10k Lbs)<br>04 - Bus - School (Public or Private)<br>05 - Bus - Transit<br>06 - Bus - Charter<br>07 - Bus - Shuttle<br>08 - Bus - Other | 09 - Ambulance<br>10 - Fire<br>11 - Highway/Maintenance<br>12 - Military<br>13 - Police<br>14 - Public Utility<br>15 - Other Government<br>16 - Construction Equip. | 17 - Farm Vehicle<br>18 - Farm Equipment<br>19 - Motorhome<br>20 - Golf Cart<br>21 - Train<br>22 - Other (Explain in Narrative) | Most Damaged Area<br><b>05</b><br>01 - None<br>02 - Center Front<br>03 - Right Front<br>04 - Right Side<br>05 - Right Rear<br>06 - Rear Center<br>07 - Left Rear | 08 - Left Side<br>09 - Left Front<br>10 - Top and Windows<br>11 - Undercarriage<br>12 - Load/Trailer<br>13 - Total(All Areas)<br>14 - Other | Action<br><b>4</b><br>1 - Non-Contact<br>2 - Non-Collision<br>3 - Striking<br>4 - Struck<br>5 - Striking/Struck<br>9 - Unknown |
|--|---|---|--|---|--|

|   |  |
|---|--|
| Pre-Crash Actions<br><b>01</b><br>99 - Unknown<br>Motorist<br>01 - Straight Ahead<br>02 - Backing<br>03 - Changing Lanes<br>04 - Overtaking/Passing<br>05 - Making Right Turn<br>06 - Making Left Turn<br>07 - Making U-Turn<br>08 - Entering Traffic Lane<br>09 - Leaving Traffic Lane<br>10 - Parked<br>11 - Slowing or Stopped in Traffic<br>12 - Driverless<br>13 - Negotiating a Curve<br>14 - Other Motorist Action | Non-Motorist<br>15 - Entering or Crossing Specified Location<br>16 - Walking, Running, Jogging, Playing, Cycling<br>17 - Working<br>18 - Pushing Vehicle<br>19 - Approaching or Leaving Vehicle<br>20 - Standing<br>21 - Other Non-Motorist Action |
|---|--|

|  |  |
|--|--|
| Contributing Circumstances   | Vehicle Defects  |
| Primary<br><b>03</b><br>01 - None<br>02 - Failure to Yield<br>03 - Ran Red Light<br>04 - Ran Stop Sign<br>05 - Exceeded Speed Limit<br>06 - Unsafe Speed<br>07 - Improper Turn<br>08 - Left of Center<br>09 - Followed Too Closely/ACDA<br>10 - Improper Lane Change /Passing/Off Road<br>11 - Improper Backing<br>12 - Improper Start From Parked Position<br>13 - Stopped or Parked Illegally<br>14 - Operating Vehicle in Negligent Manner<br>15 - Swerving to Avoid (Due to External Conditions)<br>16 - Wrong Side/Wrong Way<br>17 - Failure to Control<br>18 - Vision Obstruction<br>19 - Operating Defective Equipment<br>20 - Load Shifting/Falling/Spilling<br>21 - Other Improper Action | Non-Motorist<br>22 - None<br>23 - Improper Crossing<br>24 - Darting<br>25 - Lying and/or Illegally in Roadway<br>26 - Failure to Yield Right of Way<br>27 - Not Visible (Dark Clothing)<br>28 - Inattentive<br>29 - Failure to Obey Traffic Signs /Signals/Officer<br>30 - Wrong Side of the Road<br>31 - Other Non-Motorist Action<br>01 - Turn Signals<br>02 - Head Lamps<br>03 - Tail Lamps<br>04 - Brakes<br>05 - Steering<br>06 - Tire Blowout<br>07 - Worn or Slick tires<br>08 - Trailer Equipment Defective<br>09 - Motor Trouble<br>10 - Disabled From Prior Accident<br>11 - Other Defects |

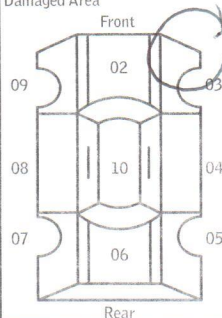
|   |  |
|---|--|
| Sequence of Events  | Non-Collision Events   |
| 1 <b>20</b> 2 <b>00</b> 3 <b>00</b> 4 <b>00</b> 5 <b>00</b> 6 <b>00</b><br>First Harmful Event <b>1</b> Most Harmful Event <b>1</b><br>99 - Unknown | 01 - Overturn/Rollover<br>02 - Fire/Explosion<br>03 - Immersion<br>04 - Jackknife<br>05 - Cargo/Equipment Loss or Shift<br>06 - Equipment Failure (Blown Tire, Brake Failure, etc)<br>07 - Separation of Units<br>08 - Ran Off Road Right<br>09 - Ran Off Road Left<br>10 - Cross Median<br>11 - Cross Center Line Opposite Direction of Travel<br>12 - Downhill Runaway<br>13 - Other Non-Collision |

|   |   |
|---|---|
| Collision with Person, Vehicle or Object Not Fixed  | Collision With Fixed Object   |
| 14 - Pedestrian<br>15 - Pedalcycle<br>16 - Railway Vehicle (Train, Engine)<br>17 - Animal - Farm<br>18 - Animal - Deer<br>19 - Animal - Other<br>20 - Motor Vehicle in Transport<br>21 - Parked Motor Vehicle<br>22 - Work Zone Maintenance Equipment<br>23 - Struck by Falling, Shifting Cargo or Anything Set in Motion by a Motor Vehicle<br>24 - Other Movable Object | 25 - Impact Attenuator/Crash Cushion<br>26 - Bridge Overhead Structure<br>27 - Bridge Pier or Abutment<br>28 - Bridge Parapet<br>29 - Bridge Rail<br>30 - Guardrail Face<br>31 - Guardrail End<br>32 - Portable Barrier<br>33 - Median Cable Barrier<br>34 - Median Guardrail Barrier<br>35 - Median Concrete Barrier<br>36 - Median Other Barrier<br>37 - Traffic Sign Post<br>38 - Overhead Sign Post<br>39 - Light/Luminaries Support<br>40 - Utility Pole<br>41 - Other Post, Pole or Support<br>42 - Culvert<br>43 - Curb<br>44 - Ditch<br>45 - Embankment<br>46 - Fence<br>47 - Mailbox<br>48 - Tree<br>49 - Fire Hydrant<br>50 - Work Zone Maintenance Equipment<br>51 - Wall, Building, Tunnel<br>52 - Other Fixed Object |

|            |              |  |  |
|------------|--------------|--|--|
| Unit Speed | Posted Speed | Traffic Control<br><b>04</b><br>01 - No Controls<br>02 - Stop Sign<br>03 - Yield Sign<br>04 - Traffic Signal<br>05 - Traffic Flashers<br>06 - School Zone<br>07 - Railroad Crossbucks<br>08 - Railroad Flashers<br>09 - Railroad Gates<br>10 - Construction Barricade<br>11 - Person (Flagger, Officer)<br>12 - Pavement Markings<br>13 - Crosswalk Lines<br>14 - Walk/Don't Walk<br>15 - Other<br>16 - Not Reported | Unit Direction<br>From <b>2</b> To <b>1</b><br>1 - North<br>2 - South<br>3 - East<br>4 - West<br>5 - Northeast<br>6 - Northwest<br>7 - Southeast<br>8 - Southwest<br>9 - Unknown |
|------------|--------------|--|--|



14-111

|   |   |  |  |  |
|---|---|--|--|--|
| Unit Number<br><b>02</b>  | Owner Name: Last, First, Middle ( <input type="checkbox"/> Same As Driver )<br><b>Strittolt, Jeffrey</b>  | Owner Phone Number - inc. area code ( <input type="checkbox"/> Same As Driver )<br><b>513-262-6193</b>   | Damage Scale<br><b>2</b>   | Damaged Area<br>  |
| Owner Address: City, State, Zip ( <input type="checkbox"/> Same As Driver )<br><b>44 Summit St. Lebanon OH 45036</b>  |   |  | 1 - None   |  |
| LP State<br><b>OH</b>   | License Plate Number<br><b>DVC5915</b>  | Vehicle Identification Number<br><b>3D7HA18M72G209505</b>  | 2 - Minor  |  |
| Vehicle Year<br><b>2002</b>   | Vehicle Make<br><b>Dodge</b>  | Vehicle Model<br><b>JK</b>   | 3 - Functional   |  |
| Vehicle Color<br><b>Silver</b>  | Insurance Company<br><b>Progressive</b>   | Policy Number<br><b>37516004</b>   | 4 - Disabling  |  |
| Proof of Insurance Shown<br><input checked="" type="checkbox"/>   | Towed By  |  | 9 - Unknown  |  |
| Carrier Name, Address, City, State, Zip   |   |  | Carrier Phone- include area code   |  |
| US DOT  | Vehicle Weight GVWR/GCWR<br><input type="checkbox"/> 1 - Less Than or Equal to 10k Lbs.<br><input type="checkbox"/> 2 - 10,001 to 26,000 Lbs.<br><input type="checkbox"/> 3 - More Than 26,000 Lbs. | Cargo Body Type<br><b>01</b><br>01 - No Cargo Body Type/Not Applicable<br>02 - Bus/Van (9-15 Seats, Inc Driver)<br>03 - Bus (16+ Seats, Inc Driver)<br>04 - Vehicle Towing Another Vehicle<br>05 - Logging<br>06 - Intermodal Container Chassis<br>07 - Cargo Van/Enclosed Box<br>08 - Grain, Chips, Gravel  | Trafficway Description<br><b>1</b><br>1 - Two-Way, Not Divided<br>2 - Two-Way, Not Divided, Continuous Left Turn Lane<br>3 - Two-Way, Divided, Unprotected (Painted or Grass > 4 Ft.) Median<br>4 - Two-Way, Divided, Positive Median Barrier<br>5 - One-Way Trafficway  |  |
| HM Placard ID No.<br><b>1</b>   | HM Class Number<br><b>1</b>   | <input type="checkbox"/> Hazardous Material Released   | <input type="checkbox"/> Hit / Skip Unit   |  |
| Non-Motorist Location Prior to Impact<br><b>01</b><br>01 - Intersection - Marked Crosswalk<br>02 - Intersection - No Crosswalk<br>03 - Intersection - Other<br>04 - Midblock - Marked Crosswalk<br>05 - Travel Lane - Other Location<br>06 - Bicycle Lane<br>07 - Shoulder/Roadside<br>08 - Sidewalk<br>09 - Median/Crossing Island<br>10 - Driveway Access<br>11 - Shared-Use Path or Trail<br>12 - Non-Trafficway Area<br>99 - Other/Unknown  |   | Type of Use<br><b>1</b><br>1 - Personal<br>2 - Commercial<br>3 - Government<br><input type="checkbox"/> In Emergency Response  | Unit Type<br><b>07</b><br>99 - Unknown or Hit / Skip   |  |
| Passenger Vehicles (less than 9 passengers)<br>01 - Sub-Compact<br>02 - Compact<br>03 - Mid Size<br>04 - Full Size<br>05 - Minivan<br>06 - Sport Utility Vehicle<br>07 - Pickup<br>08 - Van<br>09 - Motorcycle<br>10 - Motorized Bicycle<br>11 - Snowmobile/ATV<br>12 - Other Passenger Vehicle   |   | Med/Heavy Trucks or Combo Units > 10k lbs<br>13 - Single Unit Truck or Van 2axle, 6 tires<br>14 - Single Unit Truck; 3+ axles<br>15 - Single Unit Truck / Trailer<br>16 - Truck/Tractor (Bobtail)<br>17 - Tractor/Semi-Trailer<br>18 - Tractor/Double<br>19 - Tractor/Triples<br>20 - Other Med/Heavy Vehicle  |  | Bus/Van/Limo (9 or More Including Driver)<br>21 - Bus/Van (9-15 Seats, Inc Driver)<br>22 - Bus (16+ Seats, Inc Driver)<br>Non-Motorist<br>23 - Animal with Rider<br>24 - Animal with Buggy, Wagon, Suvray<br>25 - Bicycle/Pedacyclist<br>26 - Pedestrian/Skater<br>27 - Other Non-Motorist |
| Special Function<br><b>01</b><br>01 - None<br>02 - Taxi<br>03 - Rental Truck (Over 10k Lbs)<br>04 - Bus - School (Public or Private)<br>05 - Bus - Transit<br>06 - Bus - Charter<br>07 - Bus - Shuttle<br>08 - Bus - Other  |   | Most Damaged Area<br><b>03</b><br>Impact Area<br><b>03</b>   |  | Action<br><b>3</b><br>1 - Non-Contact<br>2 - Non-Collision<br>3 - Striking<br>4 - Struck<br>5 - Striking/Struck<br>9 - Unknown   |
| Pre-Crash Actions<br><b>06</b><br>99 - Unknown<br>Motorist<br>01 - Straight Ahead<br>02 - Backing<br>03 - Changing Lanes<br>04 - Overtaking/Passing<br>05 - Making Right Turn<br>06 - Making Left Turn<br>07 - Making U-Turn<br>08 - Entering Traffic Lane<br>09 - Leaving Traffic Lane<br>10 - Parked<br>11 - Slowing or Stopped in Traffic<br>12 - Driverless<br>13 - Negotiating a Curve<br>14 - Other Motorist Action<br>Non-Motorist<br>15 - Entering or Crossing Specified Location<br>16 - Walking, Running, Jogging, Playing, Cycling<br>17 - Working<br>18 - Pushing Vehicle<br>19 - Approaching or Leaving Vehicle<br>20 - Standing<br>21 - Other Non-Motorist Action   |   |  |  |  |
| Contributing Circumstances<br>Primary<br><b>01</b><br>Secondary<br><b>01</b><br>99 - Unknown<br>Motorist<br>01 - None<br>02 - Failure to Yield<br>03 - Ran Red Light<br>04 - Ran Stop Sign<br>05 - Exceeded Speed Limit<br>06 - Unsafe Speed<br>07 - Improper Turn<br>08 - Left of Center<br>09 - Followed Too Closely/ACDA<br>10 - Improper Lane Change /Passing/Off Road<br>11 - Improper Backing<br>12 - Improper Start From Parked Position<br>13 - Stopped or Parked Illegally<br>14 - Operating Vehicle in Negligent Manner<br>15 - Swerving to Avoid (Due to External Conditions)<br>16 - Wrong Side/Wrong Way<br>17 - Failure to Control<br>18 - Vision Obstruction<br>19 - Operating Defective Equipment<br>20 - Load Shifting/Falling/Spilling<br>21 - Other Improper Action  |   |  | Vehicle Defects<br><b>01</b><br>01 - Turn Signals<br>02 - Head Lamps<br>03 - Tail Lamps<br>04 - Brakes<br>05 - Steering<br>06 - Tire Blowout<br>07 - Worn or Slick tires<br>08 - Trailer Equipment Defective<br>09 - Motor Trouble<br>10 - Disabled From Prior Accident<br>11 - Other Defects<br>Non-Motorist<br>22 - None<br>23 - Improper Crossing<br>24 - Darting<br>25 - Lying and/or Illegally in Roadway<br>26 - Failure to Yield Right of Way<br>27 - Not Visible (Dark Clothing)<br>28 - Inattentive<br>29 - Failure to Obey Traffic Signs /Signals/Officer<br>30 - Wrong Side of the Road<br>31 - Other Non-Motorist Action |  |
| Sequence of Events<br>1 <b>20</b> 2 <b>01</b> 3 <b>01</b> 4 <b>01</b> 5 <b>01</b> 6 <b>01</b><br>First Harmful Event <b>1</b> Most Harmful Event <b>1</b><br>99 - Unknown<br>Non-Collision Events<br>01 - Overturn/Rollover<br>02 - Fire/Explosion<br>03 - Immersion<br>04 - Jackknife<br>05 - Cargo/Equipment Loss or Shift<br>06 - Equipment Failure (Blown Tire, Brake Failure, etc.)<br>07 - Separation of Units<br>08 - Ran Off Road Right<br>09 - Ran Off Road Left<br>10 - Cross Median<br>11 - Cross Center Line Opposite Direction of Travel<br>12 - Downhill Runaway<br>13 - Other Non-Collision  |   |  |  |  |
| Collision with Person, Vehicle or Object Not Fixed<br>14 - Pedestrian<br>15 - Pedalcycle<br>16 - Railway Vehicle (Train, Engine)<br>17 - Animal - Farm<br>18 - Animal - Deer<br>19 - Animal - Other<br>20 - Motor Vehicle in Transport<br>21 - Parked Motor Vehicle<br>22 - Work Zone Maintenance Equipment<br>23 - Struck by Falling, Shifting Cargo or Anything Set in Motion by a Motor Vehicle<br>24 - Other Movable Object<br>Collision With Fixed Object<br>25 - Impact Attenuator/Crash Cushion<br>26 - Bridge Overhead Structure<br>27 - Bridge Pier or Abutment<br>28 - Bridge Parapet<br>29 - Bridge Rail<br>30 - Guardrail Face<br>31 - Guardrail End<br>32 - Portable Barrier<br>33 - Median Cable Barrier<br>34 - Median Guardrail Barrier<br>35 - Median Concrete Barrier<br>36 - Median Other Barrier<br>37 - Traffic Sign Post<br>38 - Overhead Sign Post<br>39 - Light/Luminaries Support<br>40 - Utility Pole<br>41 - Other Post, Pole or Support<br>42 - Culvert<br>43 - Curb<br>44 - Ditch<br>45 - Embankment<br>46 - Fence<br>47 - Mailbox<br>48 - Tree<br>49 - Fire Hydrant<br>50 - Work Zone Maintenance Equipment<br>51 - Wall, Building, Tunnel<br>52 - Other Fixed Object |   |  |  |  |
| Unit Speed<br><b>04</b><br><input type="checkbox"/> Stated<br><input type="checkbox"/> Estimated  | Posted Speed<br><b>04</b>   | Traffic Control<br><b>04</b><br>01 - No Controls<br>02 - Stop Sign<br>03 - Yield Sign<br>04 - Traffic Signal<br>05 - Traffic Flashers<br>06 - School Zone<br>07 - Railroad Crossbucks<br>08 - Railroad Flashers<br>09 - Railroad Gates<br>10 - Construction Barricade<br>11 - Person (Flagger, Officer)<br>12 - Pavement Markings<br>13 - Crosswalk Lines<br>14 - Walk/Don't Walk<br>15 - Other<br>16 - Not Reported | Unit Direction<br>From <b>3</b> To <b>2</b><br>1 - North<br>2 - South<br>3 - East<br>4 - West<br>5 - Northeast<br>6 - Northwest<br>7 - Southeast<br>8 - Southwest<br>9 - Unknown   |  |





# MOTORIST / Non-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

14-111

|  |  |   |   |   |  |                                    |   |                               |                                  |                              |                            |
|--|--|---|---|---|--|------------------------------------|---|-------------------------------|----------------------------------|------------------------------|----------------------------|
| UNIT NUMBER<br><b>01</b>   | NAME: LAST, FIRST, MIDDLE<br><b>Flick, Renee</b> | DATE OF BIRTH<br><b>03/18/1991</b>      | AGE<br><b>23</b>  | GENDER<br><b>F</b> F - FEMALE<br>M - MALE |  |                                    |   |                               |                                  |                              |                            |
| ADDRESS, CITY, STATE, ZIP<br><b>489 LaLuz #216 Lebanon OH 45036</b>                |  |   | CONTACT PHONE- INCLUDE AREA CODE<br><b>513-313-5863</b> |   |  |                                    |   |                               |                                  |                              |                            |
| INJURIES<br><b>1</b>   | INJURED TAKEN BY<br><b>1</b>                     | EMS AGENCY                              | MEDICAL FACILITY INJURED TAKEN TO                       | SAFETY EQUIPMENT USED<br><b>04</b>        | DOT COMPLIANT<br><input type="checkbox"/> MOTORCYCLE<br>HELMET | SEATING POSITION<br><b>01</b>      | AIR BAG USAGE<br><b>1</b>                             | EJECTION<br><b>1</b>          | TRAPPED<br><b>1</b>              |                              |                            |
| OL STATE<br><b>OH</b>  | OPERATOR LICENSE NUMBER<br><b>TM379430</b>       | OL CLASS<br><b>4</b>                    | <input type="checkbox"/> No<br>VALID<br>OL              | <input type="checkbox"/> M/C<br>END.      | CONDITION<br><b>1</b>  | ALCOHOL/DRUG SUSPECTED<br><b>1</b> | ALCOHOL TEST STATUS<br><b>1</b>                       | ALCOHOL TEST TYPE<br><b>1</b> | ALCOHOL TEST VALUE<br><b>1</b>   | DRUG TEST STATUS<br><b>1</b> | DRUG TEST TYPE<br><b>1</b> |
| OFFENSE CHARGED ( <input checked="" type="checkbox"/> LOCAL CODE)<br><b>313.03</b> |  | OFFENSE DESCRIPTION<br><b>Red Light</b> |   |   | CITATION NUMBER<br><b>66345</b>                                |                                    | HANDS-FREE<br><input type="checkbox"/> DEVICE<br>USED |                               | DRIVER DISTRACTED BY<br><b>1</b> |                              |                            |

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| UNIT NUMBER<br><b>02</b>                               | NAME: LAST, FIRST, MIDDLE<br><b>Stritholt, Amanda</b> | DATE OF BIRTH<br><b>02/21/1979</b> | AGE<br><b>35</b>  | GENDER<br><b>F</b> F - FEMALE<br>M - MALE |  |                                    |   |                               |                                  |                              |                            |
| ADDRESS, CITY, STATE, ZIP<br><b>44 Summit</b>          |   |                                    | CONTACT PHONE- INCLUDE AREA CODE<br><b>513-262-6193</b> |   |  |                                    |   |                               |                                  |                              |                            |
| INJURIES<br><b>1</b>                                   | INJURED TAKEN BY<br><b>1</b>                          | EMS AGENCY                         | MEDICAL FACILITY INJURED TAKEN TO                       | SAFETY EQUIPMENT USED<br><b>04</b>        | DOT COMPLIANT<br><input type="checkbox"/> MOTORCYCLE<br>HELMET | SEATING POSITION<br><b>01</b>      | AIR BAG USAGE<br><b>1</b>                             | EJECTION<br><b>1</b>          | TRAPPED<br><b>1</b>              |                              |                            |
| OL STATE<br><b>OH</b>                                  | OPERATOR LICENSE NUMBER<br><b>RK209336</b>            | OL CLASS<br><b>4</b>               | <input type="checkbox"/> No<br>VALID<br>OL              | <input type="checkbox"/> M/C<br>END.      | CONDITION<br><b>1</b>  | ALCOHOL/DRUG SUSPECTED<br><b>1</b> | ALCOHOL TEST STATUS<br><b>1</b>                       | ALCOHOL TEST TYPE<br><b>1</b> | ALCOHOL TEST VALUE<br><b>1</b>   | DRUG TEST STATUS<br><b>1</b> | DRUG TEST TYPE<br><b>1</b> |
| OFFENSE CHARGED ( <input type="checkbox"/> LOCAL CODE) |   | OFFENSE DESCRIPTION                |   |   | CITATION NUMBER  |                                    | HANDS-FREE<br><input type="checkbox"/> DEVICE<br>USED |                               | DRIVER DISTRACTED BY<br><b>1</b> |                              |                            |

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| INJURIES<br>1 - NO INJURY / NONE REPORTED<br>2 - POSSIBLE<br>3 - NON-INCAPACITATING<br>4 - INCAPACITATING<br>5 - FATAL | INJURED TAKEN BY<br>1 - NOT TRANSPORTED /<br>TREATED AT SCENE<br>2 - EMS<br>3 - POLICE<br>4 - OTHER<br>9 - UNKNOWN | SAFETY EQUIPMENT USED<br>MOTORIST<br>01 - NONE USED - VEHICLE OCCUPANT<br>02 - SHOULDER BELT ONLY USED<br>03 - LAP BELT ONLY USED<br>04 - SHOULDER AND LAP BELT USED<br>99 - UNKNOWN SAFETY EQUIPMENT<br>Non-Motorist<br>05 - CHILD RESTRAINT SYSTEM- FORWARD FACING<br>06 - CHILD RESTRAINT SYSTEM- REAR FACING<br>07 - BOOSTER SEAT<br>08 - HELMET USED<br>09 - NONE USED<br>10 - HELMET USED<br>11 - PROTECTIVE PADS USED<br>(Elbows, Knees, Etc)<br>12 - REFLECTIVE CLOTHING<br>13 - LIGHTING<br>14 - OTHER |
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| SEATING POSITION<br>01 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)<br>02 - FRONT - MIDDLE<br>03 - FRONT - RIGHT SIDE<br>04 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)<br>05 - SECOND - MIDDLE<br>06 - SECOND - RIGHT SIDE<br>07 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)<br>08 - THIRD - MIDDLE<br>09 - THIRD - RIGHT SIDE<br>10 - SLEEPER SECTION OF CAB (TRUCK)<br>11 - PASSENGER IN OTHER ENCLOSED CARGO AREA<br>(NON-TRAILING UNIT SUCH AS A BUS, PICK-UP WITH CAP)<br>12 - PASSENGER IN UNENCLOSED CARGO AREA<br>13 - TRAILING UNIT<br>14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)<br>15 - NON-MOTORIST<br>16 - OTHER<br>99 - UNKNOWN | AIR BAG USAGE<br>1 - NOT DEPLOYED<br>2 - DEPLOYED FRONT<br>3 - DEPLOYED SIDE<br>4 - DEPLOYED BOTH FRONT/SIDE<br>5 - NOT APPLICABLE<br>9 - DEPLOYMENT UNKNOWN |
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| EJECTION<br>1 - NOT EJECTED<br>2 - TOTALLY EJECTED<br>3 - PARTIALLY EJECTED<br>4 - NOT APPLICABLE | TRAPPED<br>1 - NOT TRAPPED<br>2 - EXTRICATED BY<br>MECHANICAL MEANS<br>3 - EXTRICATED BY<br>NON-MECHANICAL MEANS | OPERATOR LICENSE CLASS<br>1 - CLASS A<br>2 - CLASS B<br>3 - CLASS C<br>4 - REGULAR CLASS (OHIO IS "D")<br>5 - MC/MOPED ONLY | CONDITION<br>1 - APPARENTLY NORMAL<br>2 - PHYSICAL IMPAIRMENT<br>3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBED)<br>4 - ILLNESS<br>5 - FELL ASLEEP, FAINTED, FATIGUED<br>6 - UNDER THE INFLUENCE OF<br>MEDICATIONS, DRUGS, ALCOHOL<br>7 - OTHER | ALCOHOL/DRUG SUSPECTED<br>1 - NONE<br>2 - YES - ALCOHOL SUSPECTED<br>3 - YES - HBD NOT IMPAIRED<br>4 - YES - DRUGS SUSPECTED<br>5 - YES - ALCOHOL AND DRUGS SUSPECTED |
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| ALCOHOL TEST STATUS<br>1 - NONE GIVEN<br>2 - TEST REFUSED<br>3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE<br>4 - TEST GIVEN, RESULTS KNOWN<br>5 - TEST GIVEN, RESULTS UNKNOWN | ALCOHOL TEST TYPE<br>1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - BREATH<br>5 - OTHER | DRUG TEST STATUS<br>1 - NONE GIVEN<br>2 - TEST REFUSED<br>3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE<br>4 - TEST GIVEN, RESULTS KNOWN<br>5 - TEST GIVEN, RESULTS UNKNOWN | DRUG TEST TYPE<br>1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - OTHER | DRIVER DISTRACTED BY<br>1 - NO DISTRACTION REPORTED<br>2 - PHONE<br>3 - TEXTING/E-MAILING<br>4 - ELECTRONIC COMMUNICATION DEVICE<br>5 - OTHER ELECTRONIC DEVICE<br>(NAVIGATION DEVICE, RADIO, DVD)<br>6 - OTHER INSIDE THE VEHICLE<br>7 - EXTERNAL DISTRACTION |
|---|--|--|---|--|

|                           |                              |               |                                   |   |  |                               |                           |                      |                     |
|---------------------------|------------------------------|---------------|-----------------------------------|---|--|-------------------------------|---------------------------|----------------------|---------------------|
| UNIT NUMBER<br><b>01</b>  | NAME: LAST, FIRST, MIDDLE    | DATE OF BIRTH | AGE                               | GENDER<br><b>F</b> F - FEMALE<br>M - MALE |  |                               |                           |                      |                     |
| ADDRESS, CITY, STATE, ZIP |                              |               | CONTACT PHONE- INCLUDE AREA CODE  |   |  |                               |                           |                      |                     |
| INJURIES<br><b>0</b>      | INJURED TAKEN BY<br><b>0</b> | EMS AGENCY    | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED<br><b>00</b>        | DOT COMPLIANT<br><input type="checkbox"/> MOTORCYCLE<br>HELMET | SEATING POSITION<br><b>00</b> | AIR BAG USAGE<br><b>0</b> | EJECTION<br><b>0</b> | TRAPPED<br><b>0</b> |
| UNIT NUMBER<br><b>01</b>  | NAME: LAST, FIRST, MIDDLE    | DATE OF BIRTH | AGE                               | GENDER<br><b>F</b> F - FEMALE<br>M - MALE |  |                               |                           |                      |                     |
| ADDRESS, CITY, STATE, ZIP |                              |               | CONTACT PHONE- INCLUDE AREA CODE  |   |  |                               |                           |                      |                     |
| INJURIES<br><b>0</b>      | INJURED TAKEN BY<br><b>0</b> | EMS AGENCY    | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED<br><b>00</b>        | DOT COMPLIANT<br><input type="checkbox"/> MOTORCYCLE<br>HELMET | SEATING POSITION<br><b>00</b> | AIR BAG USAGE<br><b>0</b> | EJECTION<br><b>0</b> | TRAPPED<br><b>0</b> |